Hearing and Balance Questionnaire

For Platinum-Based Chemotherapy and Radiation Patients

Patient Name:	**Date of Birth:** **Occupation:**
Chemo Regimen: *(agents, start/end date, cumulative cis dose, # cycles)*	**Radiation Regimen:** *(Start/end date, cumulative Grays, # treatments)*

Initial Pre-Chemo Assessment

1. Do you have pre-existing hearing loss? If yes, when did it start?

☐ Yes ☐ No Date:

2. Do you use hearing aids? Daily or less than daily?

☐ Right ☐ Left ☐ Bilateral ☐ None ☐ Daily ☐ Less than daily

3. Do you have tinnitus (buzzing or ringing in your ears)? When did it start?

☐ None ☐ Bilateral ☐ Unilateral ☐ Right ☐ Left Date:

4. Do you have a history of vertigo or feeling like you are losing your balance? Last time?

☐ Yes ☐ No Date of last episode:

5. Do you work around loud noise? If so, what type? Hours per day exposed to loud noise?

☐ Yes ☐ No Noise type: (machinery, trades, jack hammer, etc.) Exposure hours:

6. Have you received chemo or radiation in the past? When?

☐ None ☐ Cisplatin ☐ Carboplatin ☐ Oxaliplatin ☐ Radiation Date: Other:

During and Post-Chemo Monitoring

7. Have you noticed any changes in your hearing since starting your chemo and/or radiation?

☐ Yes ☐ No *If yes, when and describe the change:* _____

8. Have you noticed the onset of tinnitus, or has there been any change in your pre-existing tinnitus? (e.g., louder, asymmetrical to symmetrical, changed from ringing to buzzing)

☐ Yes ☐ No *If yes, when and describe the change:* _____

9. Have you noticed any change in your balance?

☐ Yes ☐ No *If yes, when and describe the change:* _____

10. Have you experienced any imbalance, vertigo, or falls since starting chemo?

☐ Yes ☐ No *If yes, when and describe the change:* _____

⚠ **If the answer is "Yes" to any question 7–10, an immediate referral to audiology is required.**

Clinical Determination & Follow-Up

Is there a >15 dBHL shift in hearing at one frequency in either ear? ☐ Yes ☐ No
Has the patient reported changes in tinnitus, hearing, vertigo or balance? ☐ Yes ☐ No
Oncologist informed of audiological and questionnaire results? ☐ Yes ☐ No
Referral to audiology made? ☐ Yes ☐ No
Patient appropriate for Pedmark? ☐ Yes ☐ No Pedmark ordered? ☐ Yes ☐ No

Signature: _____ **Date:** _____